

Charles Lee
 Name and Prisoner/Booking Number
USPC-Tucson-Santa Rita
 Place of Confinement
PO Box 24401
 Mailing Address
Tucson, AZ 85
 City, State, Zip Code

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RECEIVED	COPY
NOV 20 2017	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY	DEPUTY

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

Charles Lee
 (Full Name of Plaintiff) Plaintiff, **CV 17-0567 TUCDCB**
 vs. CASE NO. _____
 (To be supplied by the Clerk)

(1) Charles L. Ryan
 (Full Name of Defendant)
 (2) Richard Pratt
 (3) Corizon Health, Inc
 (4) _____
 Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

**CIVIL RIGHTS COMPLAINT
BY A PRISONER
JURY TRIAL DEMANDED**

☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred: Tucson-Santa Rita Facility

B. DEFENDANTS

1. Name of first Defendant: Charles L. Ryan. The first Defendant is employed as:
Director at Central Office.
(Position and Title) (Institution)
2. Name of second Defendant: Richard Pratt. The second Defendant is employed as:
Assistant Director, Health Services at Central Office.
(Position and Title) (Institution)
3. Name of third Defendant: Corizon Health, Inc. The third Defendant is employed as:
Health Care Provider at ASPC-Tucson, Santa Rita Unit.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated:

Amendment 8

2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.

☐ Basic necessities ☐ Mail ☐ Access to the court ☒ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On 6/5/17, I filed an informal complaint, regarding Corizon's reckless disregard to treat my broken finger. My hand and back were injured during a fight. My back suffers from an old injury and degenerative disc disease. My finger is now disfigured and has healed in that manner. Corizon for over a year and a half has denied me medical care. I am constantly in pain, disfigurement and also emotional distress.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Pinched nerve and tingling on fingers. Finger still broken

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
 b. Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
 c. Did you appeal your request for relief on Count I to the highest level? ☒ Yes ☐ No
 d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

E. REQUEST FOR RELIEF

State the relief you are seeking:

Defendant is asking the
court to give me medical
attention to repair my finger
Monetary damages: \$50,000

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11-09-2017
DATE

Charles Lee
SIGNATURE OF PLAINTIFF

ADC Paralegal D. Ulibarri
(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

n/a
(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.